

Amendment To Question 16 Only

MASSACHUSETTS STATE ETHICS COMMISSION
ONE ASHBURTON PLACE - ROOM 619
BOSTON, MA 02108-1501
(617) 371-9500

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STATE ETHICS COMMISSION
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STATEMENT OF FINANCIAL INTERESTS FOR CALENDAR YEAR 2009

Please provide the requested information. As required by G.L. c. 268B, the Financial Disclosure Law, you must answer all questions to the best of your knowledge. If your answer to any question is "none" or if any question is not applicable, check "Not Applicable." If extra space is needed to complete a response, attach additional pages, clearly noting the question to which the information relates. If the Commission needs to contact you regarding this form, we will use the contact information provided in Question 1.

1: Reporting Data

Person Reporting:	Deval L. Patrick
Current Home Address:	
City:	
State:	
Zip:	
Home Phone:	
Office Phone:	617-725-4000
Office Email:	jamie.hoag@state.ma.us
Name of spouse residing in your household:	<input type="checkbox"/> Not Applicable
Name of any dependent child(ren) residing in your household:	<input checked="" type="checkbox"/> Not Applicable

2: Candidate: I am a candidate for the following office:

Office:	
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3: Positions Held

This question indicates the reason you are required to file a Statement of Financial Interests and must be completed. Identify each position you held in 2009 or now hold as a **PUBLIC OFFICIAL** or **DESIGNATED PUBLIC EMPLOYEE** and report the **AMOUNT of INCOME**, by category, derived from each position in 2009. If you did not earn any **INCOME** in any such position in 2009, complete the question, but check the "Income Not Applicable" box. For **AMOUNT** categories, see Instructions page 5.

Agency in which you serve(d):	Governor's Office
Your Position:	Governor
Start Date:	January 4, 2007 - present
End Date if applicable:	
Amount of Income Earned in 2009:	\$100,000 or more <input type="checkbox"/> Income Not Applicable for 2009

14: Business and Charitable Trusts

If you and/or an **IMMEDIATE FAMILY** member had a beneficial ownership interest or served as a trustee of a **BUSINESS** or **CHARITABLE TRUST** as of December 31, 2009, you need to answer this question. You are not required to disclose the address of the **BUSINESS** or **CHARITABLE TRUST** if it is the same as your current home address. Where applicable, you should answer this portion of the question with "Home Address." Please review the Instructions which detail the information that should be disclosed.

☐ Not Applicable

Name of Trust:	
Address:	
Date Trust Created:	
Name of Grantor(s):	
Trustee(s):	
Beneficiaries:	
Percentage of Equity Owned by Filer:	
Income (Filer Only):	

15: Business and Charitable Trust Assets

Report all securities and other investments, with a fair market value in excess of \$1,000, held in a **BUSINESS** or **CHARITABLE TRUST(S)** and beneficially owned by you and/or an **IMMEDIATE FAMILY** member as of December 31, 2009. You are not required to disclose the address of a property held in the **BUSINESS** or **CHARITABLE TRUST(S)** if it is the same as your current home address. Where applicable, you should answer this portion of the question with "Home Address." Please review the Instructions which detail the information that should be disclosed.

☐ Not Applicable

Name of Trust:	
Name of Issuer:	
Description of Security:	
Address of Real Estate Held in the Trust:	

16: Family Trust Assets

Report all **SECURITIES** and other **INVESTMENTS**, with a fair market value in excess of \$1,000, held in a **FAMILY TRUST** and beneficially owned by you and/or an **IMMEDIATE FAMILY** member as of December 31, 2009. If your home is held in a **FAMILY TRUST**, report details on the property in Question 22 if it is located in Massachusetts. You are not required to disclose your current home address. Where applicable, you should answer this portion of the question with "Home Address." Please review the Instructions which detail the information that should be disclosed.

☐ Not Applicable

Beneficiaries (Filer or Immediate Family Members Only):	Filer and spouse
Name of Issuer:	
Description of Security:	Blind trust
Address of Real Estate Held in the Trust:	

17: Realty Trusts

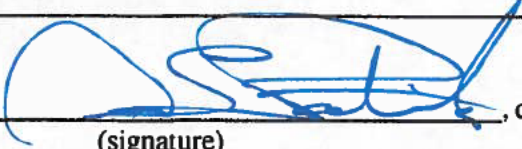
If you and/or an **IMMEDIATE FAMILY** member had a beneficial ownership interest or served as a trustee of a **REALTY TRUST** as of December 31, 2009, you need to answer this question. You are not required to disclose the address of the **REALTY TRUST** if it is the same as your current home address. Where applicable, you should answer this portion of the question with "Home Address." Please review the Instructions which detail the information that should be disclosed.

☐ Not Applicable

Name of Trust:	
Address:	
Date Trust Created:	
Name of Grantor(s):	
Trustee(s):	
Beneficiaries (Filer or Immediate Family Members Only):	
Percentage of Equity Owned (Filer Only):	

Creditor Name:	
Address:	
Amount Forgiven (Filer Only):	

30: Certification

I, , certify under the pains and penalties of perjury that:

- I made a reasonably diligent effort to obtain the required information concerning myself and **IMMEDIATE FAMILY MEMBER(S)**; and
- The information provided on this form and any attachments is true and complete, to the best of my knowledge.

Submitted 6/10/2014
(date)

The following **IMMEDIATE FAMILY** member(s) declined to disclose information which is necessary to complete this Statement fully and accurately. You are not required to disclose the name of your spouse or any dependent child(ren). Where applicable, you should answer this portion of the question by indicating the relationship, e.g., "Filer and Child(ren)," "Spouse," "Spouse and Child(ren)" or "Child(ren)."

The following are the specific question(s) for which information could not be obtained from an **IMMEDIATE FAMILY** member(s):

The following are the specific question(s) which I decline to answer in whole or in part, because I assert the information is privileged by law:

Please explain the basis of your claim of privilege:

IMPORTANT:

1. No **DESIGNATED PUBLIC EMPLOYEE** shall be allowed to continue in his duties or to receive compensation from public funds unless he has filed an SFI with the Commission. The Commission will immediately notify your agency head if you fail to timely file.
2. A faxed SFI cannot be accepted.
3. If you are filing by mail or in person, you must submit the original SFI and one (1) copy to complete the filing. If you would like a receipt, you must file an additional copy and a self-addressed stamped envelope. The Commission will date-stamp and return the additional copy to you as proof of filing.

4. Please check to see that you answered every question. If a question is not applicable or the answer is none, you must check the "Not Applicable" box.
5. If you were required to amend your SFI last year, we encourage you to carefully review your 2008 SFI before submitting your SFI for 2009.